

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/048142** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
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10						
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12						
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31						
32						
33						
34						
35						
36						
37						
38						
39						
40		I				
41			I			
42			I			
43			I			
44			I			
45			I			
46			I			
47			I			
48			I			
49			I			
50			I			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*	
	IND.	DEP.	IND.	DEP.
51			I	
52				
53			I	
54			I	
55			I	
56			I	
57			I	
58			I	
59			I	
60			I	
61			I	
62			I	
63			I	
64			I	
65			I	
66			I	
67			I	
68			I	
69			I	
70			I	
71			I	
72			I	
73			I	
74			I	
75			I	
76			I	
77			I	
78				
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86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.			3	
TOTAL DEP.			35	
TOTAL CLAIMS			38	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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